

Refugee Health
EVENT



Back to Basics: Refugee Health

Refugee Health EVENT



*I would like to respectfully acknowledge
the traditional owners of the land on
which this event is taking place and pay
respects to Elders past, present and
emerging.*

Refugee Health EVENT



- Welcome to those connecting via Video Conference
Please mute your microphone. We will ask video conference participants if they have questions at question time, if you have a question, please take your mic off mute, let us know where you are connecting from and your question.
- Phones on silent
- Toilets
- Fire safety
- To order copies of the Refugee Health Resource Folders see your local PHN
- Please complete the evaluation at the end of the event

Agenda

- 6:30** **Welcome**
Donata Sackey, Deputy Director, Mater/UQ Centre for Integrated Care & Innovation
- 6:35** **Setting the Scene**
Dr Margaret Kay, GP & Refugee Health Clinical Lead BSPHN
- 6:45** **Nursing Assessment**
Leeanne Schmidt, CNC Metro South Refugee Health Service
- 7:15** **Medical Assessment**
Dr Margaret Kay
- 7:45** **Administration**
Clare Brotherson, Administration Officer, Mater Integrated Refugee Health Services
- 7:55** **Community Perspective**
Zaynal Hawa, Health Development Consultant, Brisbane Refugee Health Advisory Group (G11)
- 8:05** **Settlement Services**
Rose MacAuslane, Humanitarian Settlement Services Team Leader, MDA
- 8:15** **Qld Program of Assistance to Survivors of Torture and Trauma**
Fernanda Torresi, Manager -Community Relationships & Capacity Building, QPASTT
- 8:25** **Questions**



Refugee Health

Dr. Margaret Kay

MBBS(Hons), PhD, FRACGP, Dip.RACOG

Primary Health Care Setting

- Comprehensive care
 - preventive, acute, chronic
- Continuity of care
 - cradle to grave
- Complex care
 - not just one health issue
 - not just disease
- Coordination of care



Primary Health Care Setting

- Person-centred care
 - Shared decision making
- Care for the whole person
- Care for the family
- Diagnosis and Treatment
- Limited resources





A family arrives

Father: Ali 40 yo

Mother: Fadumo, 34 yo

Children: Mohammed, 14yo (M)

Fos 12yo (F)

Zainab 5yo (F)

Hussein 2yo (M)

Who is a refugee or asylum seeker?



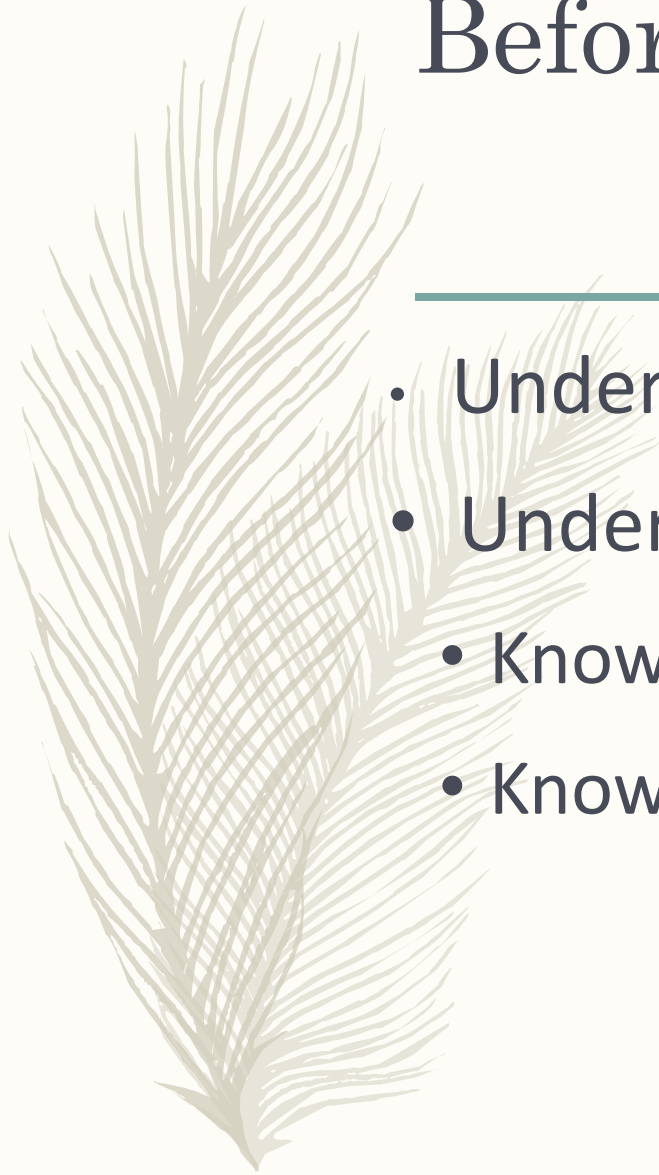
The 1951 Convention Relating to the Status of Refugees (and its 1967 Protocol), to which Australia is a signatory, defines a refugee as:

“Any person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country”

Source: United Nations High Commission for Refugees - UNHCR

Before you start

- Understand the refugee journey
- Understand the settlement system
 - Know what has happened before
 - Know what happens after arrival



A family arrives

- Somali background
- Living in a refugee camp in Kenya for 10 years
- Minimal access to health care
- Minimal access to education



Before arrival in Australia

Visa Medical

- Medical examination
- TB check– CXR >11 yrs
- HIV, Syphilis (>15 years)
- Other check as indicated e.g. Hepatitis B



A family arrives

Father: Ali 40 yo

diagnosed with TB – needed treatment

Mother: Fadumo, 34 yo

Children: Mohammed, 14yo (M)

Fos 12yo (F)

Zainab 5yo (F)

Hussein 2yo (M)

Before arrival in Australia



Departure Health Check

- Physical examination
 - CXR- if needed treatment / old xray
 - Malaria test – treat as needed
 - Vaccination – MMR/ADT/Polio (not always)
?yellow fever eg Sudan
- Albendazole 400mg (>1yr)
- Betadine for legs with skin conditions
- ?Pregnancy test 15-55yrs

A family arrives

Father: Ali 40 yo - CXR
health undertaking for TB

Mother: Fadumo, 34 yo
30 weeks pregnant

Children: Mohammed, 14yo (M)
Fos 12yo (F)
Zainab 5yo (F)
Hussein 2yo (M)

★ *Potential need for torture and trauma
counselling identified on settlement report*

Refugee Health Assessment - Qld regions



CAIRNS

Settlement: Centacare Cairns
Refugee Health Service: Cairns Community Child Health

TOWNSVILLE

Settlement: Townsville Multicultural Support Group
Refugee Health Service: Qld Health tender - Refugee Health Nurse position

DARLING DOWNS & WEST MORETON

Settlement: MDA Ltd
Refugee Health Service: Kobi House at Toowoomba Hospital

BRISBANE

Settlement: MDA Ltd
Refugee Health Service: Mater Integrated Refugee Health Service co-located in GP Practices with support from Refugee Health Connect

LOGAN, IPSWICH & GOLD COAST

Settlement: ACCESS Community Services
Refugee Health Service: Metro South Refugee Health Service at Logan Central Community Health Centre

A family arrives



- The family arrive in Brisbane
- 200 Visa
- Moving to Sunnybank
- Case Manager
- Assistance with
 - Housing
 - Food
 - Social security - HCC
 - Medicare

A decorative graphic of a feather, rendered in a light beige color, is positioned on the left side of the slide. It has a central rachis with numerous fine barbs extending outwards, creating a fan-like shape.

A family arrives at your practice

- Bicultural worker
- Expectation of a health assessment

The Health Assessment



- Administration
- Nurse
- Doctors

Back to Basics – Nursing Health Assessment People with a Refugee Background 31st May 2017

Leeanne Schmidt RN, BA Health Sci (Nsg), IPN, MPH, FACN

Metro South Refugee Health Service

Overview

- Considerations for the health assessment
- Nursing assessment
- Immunisation catch-up
- Routine referrals
- Mental health self care
- Nursing professional support

Considerations for the Nursing Assessment

- Diverse culture and educational background
- Majority require a professional interpreter
- Where people have lived
- Literacy, education



Considerations for the Nursing Assessment

- Interpreters
 - Confidentiality
 - Health literacy
 - Gender
 - Inter-generational
 - Onsite vs phone
- Cultural events / customs

Nursing Health Assessment

- Demographics
 - Next of kin/ support network
 - Case worker contact details
 - Proposer contacts (if applicable)
 - Language/s spoken
 - Literacy/ education level/ health literacy/ work history
 - Camp background and length of time there
 - Pre – departure screening/ assessment
 - Health undertaking/ health alerts

Family Assessment

- Appearance
- How do family interact
- Any potential gender issues
- Bonding with children
- Behaviour management
- Domestic violence

Family History

- Genogram
 - Story of who, where, when and what happened
 - Who is alive, who has been lost, left behind
 - Family health issues
 - What are the priorities of care
 - What support is being used now

Existing Health Issues

- Allergies
- Routine observations
- Previous medical/ surgical history
- Chronic diseases
- Disabilities
- What is their knowledge of their health issues
- What are their expectations of care

Specific Health Areas

- Gender based care may /may not matter
- Women's
- Men's
- Youth and Children



Observe

- How engaged is the person
- Appearance
- Scarring
- Rashes/ Tinea Capitis
- Physical movement
- Growth delay

Other Symptoms

- Headaches
- Pain
- Continence
- Constipation

Diet/ Nutrition

- Appetite
- Fluid intake
- Assess daily meal pattern
- Fruit and vegetable intake prior to arrival
- Access to culturally appropriate food
- Food affordability now

Rest and Sleep

- Energy levels
- Ability to concentrate
- How often waking/ resting
- Nightmares
- Sensitive to loud noises
- Triggers for being anxious
- Emotional well being – feeling happy, safe, sad
- Behavioural problems with children



Medication



- Use of traditional medicines and treatments
- Check knowledge of previous medication
- Support patient to access new scripts
- How are you going to check the patient knows route, dose, date, time, dose, storage

Immunisation Catch Up

- Ordering vaccine
- No previous history
 - Give all funded vaccines
 - < 10 years
 - 10 years and over
 - Extra funded vaccines
- Report all vaccines to AIR

GENERAL PRACTICE IMMUNISATION CHECKLIST for newly arrived refugees

ORDERING VACCINES

- Practices new to refugee vaccination should advise the Department of Health Immunisation Program (IP) at the time of ordering to identify their practice as one that provides refugee health care
- Ensure the vaccine fridge has ample capacity to safely store additional vaccines – e.g. increase of patients needing specific vaccines, National Immunisation Program vaccines and during flu season
- Ensure your Vaccine Management Protocol is up to date, approved by the Public Health Unit and is in line with the *National Vaccine Storage Guidelines: Strive for 5*
- If expecting a large number of patients requiring immunisation it is important to discuss this with IP when you place your monthly order to ensure you have enough vaccines for your clinic
- The practice will need to negotiate with IP the stock on hand they will need to hold for opportunistic vaccination for refugee clients, hence the importance of safe vaccine storage
- Plan ahead for appointments to ensure stock is in supply as *monthly* ordering of vaccines applies

DOCUMENTATION TO BE COMPLETED

- Electronically to Australian Childhood Immunisation Register under 20 years
- Manually to **VIVAS** by completing a Vaccination Record Form
- Overseas immunisation histories – complete an Immunisation History Form and send a copy to both Australian Childhood Immunisation Register and **VIVAS**
- Alternatively transcribe history onto practice letterhead and fax to **VIVAS** on 07 3328 9434

IMMUNISATION SCHEDULE



CHILDREN UNDER 10 YEARS OF AGE	As per National Immunisation Program Schedule Queensland	
REFUGEE ADOLESCENTS* / ADULTS who require catch-up vaccination	MMR	x 2
	Hepatitis B	x 3
	If aged 11-15 years -> Hepatitis B	x 2
	IPV	x 3
<i>Refer to health assessment for serology results</i>	dTpa	x 1
	followed by ADT	x 2
SCHOOL IMMUNISATION PROGRAM	As per National Immunisation Program Schedule Queensland	

*Refer to No Jab No Pay initiative for eligibility criteria of 10-19 year olds go to webpage: immunise.health.gov.au

Immunisation Catch Up

- Past immunisation record – in English
 - Continue catch up and complete AIR Immunisation History Form
- Past immunisation record – needs translation
 - TAFE can translate for free records for people here less than two years

Routine Referral Pathways

- TB
- Oral health
 - Eligible for free oral health within the first 12 months of arrival
- Child health
 - Recommend all eligible children be referred



Pathology

- Explain what is being tested
- Why so much blood is being taken
- Support patients attendance to have pathology collected
- When is the next appointment

Radiology

- Making the appointment
- Does the patient understand the procedure, and any preparation required prior to the test
- Does the patient know what to do after the test
- When is the next appointment

Optometry



- Subsidised Spectacle Scheme
 - be a permanent resident of Queensland
 - have held a pensioner concession card, health care card or Queensland Government Seniors Card for at least 6 months.
- More info

www.qld.gov.au/health/support/equipment/types/spectacles/

Mental Health Self Care

- High risk of vicarious trauma
- Systems in place to normalise emotional wellbeing
 - Team responsibility
 - Individual responsibility
 - R U OK morning and afternoon
 - Peer and clinical supervision

*Nurse & Midwife Support,
call 1800 667 877 or visit www.nmsupport.org.au*

Refugee Nurses Australia (RNA)

- A professional interest group providing a forum
 - Professional
 - Education
 - Competency frameworks
 - Advocacy
 - Political environments and contemporary issues
 - Launched at the National Nurses Forum

<http://refugeehealthnetwork.org.au/engage/national-refugee-health-networks/refugee-health-nurses-australia/>

Contacts

Metro South Refugee Health Service

P: 07 3290 8900

E: metrosouth_refugeehealth@health.qld.gov.au

W: www.metrosouth.health.qld.gov.au/health-equity-and-access/refugees-and-asylum-seekers

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health undertaking for TB

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★ *Potential need for torture and trauma
counselling identified on referral*

Health Assessment



- Nursing Assessment
- Doctors – The Medical Part

Refugee Family
TB Undertaking – BUPA
Antenatal Care
TB family follow up
MH care

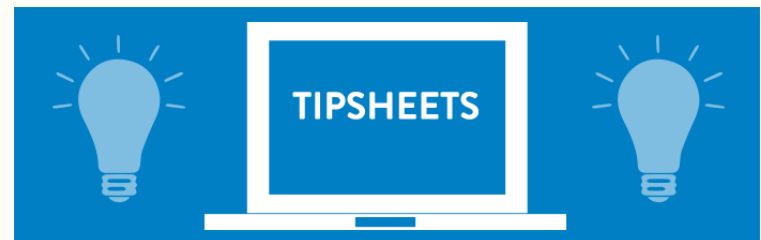
Purpose

- Build trust
- Address the patient's concern
- Identify significant health issues
- Ensure follow up
- Educate



Health Assessment

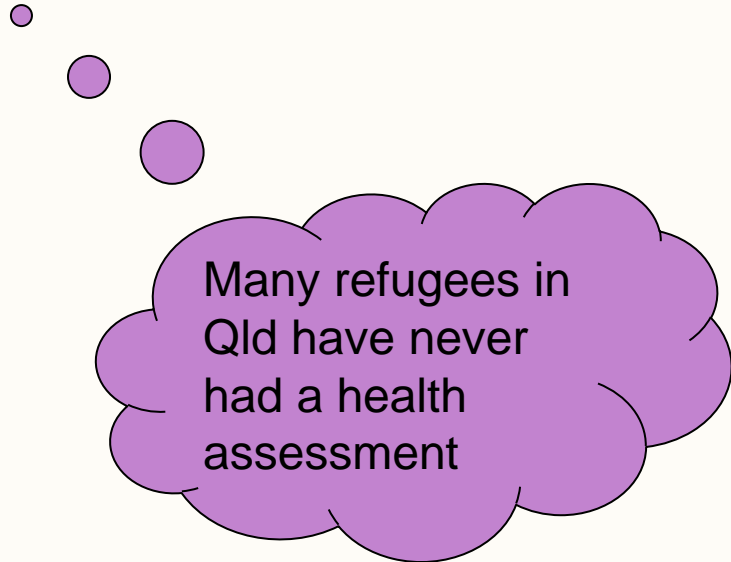
- Time for assessment varies
- Time for referral varies
- Identify and focus on the acute needs
- Contextualise actions within the HA



<https://cengage.com.au/gale/tip-sheets>

Health Assessment

- No formal medical health assessment arranged for refugees after arrival in Qld
- Health undertaking
- Health alert
- Health manifest



Many refugees in Qld have never had a health assessment



Common health problems in newly arrived refugees

1. Vaccinations required
2. Vitamin D deficiency / insufficiency
3. Schistosomiasis
4. Musculoskeletal problems
5. Psychological problems
6. Latent TB
7. Dental problems
8. Iron deficiency / anaemia
9. Social problems (isolation, unemployment, housing etc)
10. Pregnancy

Tiong et al 2006

(<15 yrs age: GI infection, URTI, skin infections, malaria, otitis media)

Medical Issues to consider



- Acute health problems
- Public health issues
- Chronic Disease
- Preventive health

Medical Issues to consider



- Nutritional problems
- Infectious Disease
- Genetic Predisposition
- Cultural Beliefs - FGM
- Dental Health Issues
- Mental Health Issues

Health Assessment

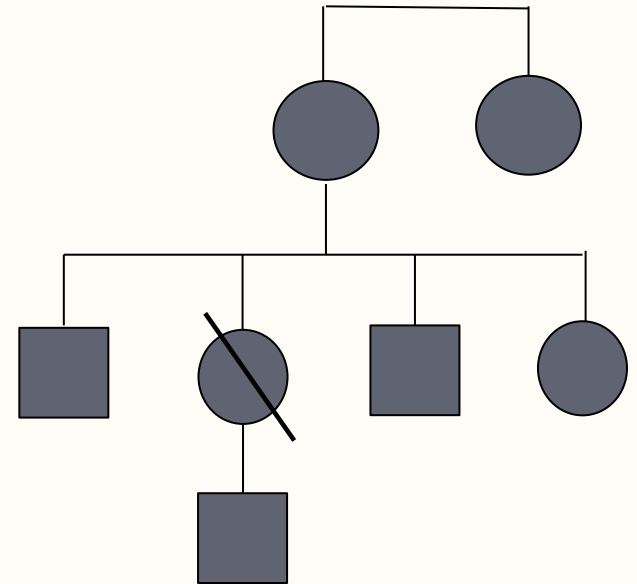
- Good History
 - Allergies
 - PMH PSH POH
- Physical Examination
- Appropriate investigations
- Management Plan



Consultation

Good History

- Medications
- Genogram
- Systematic review
 - *Diet*
 - *Mental health*





Consultation

Good examination

- All systems
- Nutrition
- Ears/eyes/teeth
- Pregnancy
- Developmental issues
- STDs

Recommended Pathology

www.refugeehealthnetworkqld.org.au

- FBE
- U & E, LFT
- Hepatitis B sAg & sAb (both are needed)
- Hepatitis C Ab
- Schistosomiasis Ab
- Strongyloides Ab
- Syphilis Ab
- HIV Ab
- s. ferritin
- s. 25 OH Vitamin D level
- s. Vitamin B12

TB Check



Tuberculin Skin Test (TST)

i.e. Mantoux test

available from local TB Clinic (after 2nd MMR)



Other tests to consider

If clinically indicated:

- **Iron studies** e.g. if the ferritin is low
- **beta HCG** e.g. if the patient may be pregnant
- **TFTs** e.g. if the patient has a goitre
- **Malaria** thick/thin film +/- *P. falciparum* Ag
- **Varicella IgG**
e.g. if the vaccine is available



Other tests to consider

If clinically indicated:

- **Faeces OCP, MCS** e.g. if there are concerns of infection
- **Urine OCP** e.g. positive schistosomiasis serology
- **Urine PCR** for Chlamydia and Gonorrhoea
e.g. if risk of STIs
- **Faecal antigen** for *H. pylori*
e.g. if the patient has indigestion
- **Haemoglobin electrophoresis**
after the patient is iron replete



Common refugee health issues

- Schistosomiasis
- Strongyloides
- Chronic Active Hepatitis
- Vitamin D deficiency
- Haemoglobinopathies
- Tinea capitis (T. Soudanense, T. tonsurans)

Common Health issues

- Iron deficiency
- Dental issues
- Antenatal care
- Mental health issues
- Diabetes
- Osteoarthritis
- Asthma
- Ischaemic Heart Disease



Mental Health



Acculturation

QPASTT

**Transcultural
Mental Health**

Avoid unnecessary re-telling
It may be years before these
issues can be addressed

Next steps

- Immunisation
- Audiology
- Follow up
- Referral
 - Specialist
 - Allied health
- Medication
- Social Health



Know what happens in your settlement areas

Referral Pathways on
Refugee Health Network Qld
website

Other issues

- Social security
 - vaccination to get payments
- Spousal visa
- VFR traveler





Ali has moderate English

*He offers to interpret for the family
instead of having to book through TIS.*

What do you do?



Interpreter

– <https://vimeo.com/55940134>

- Cultural sensitive consultation
- Use interpreter service
 - *Doctors' Priority Line 1300 131450*

Approach

- Be a reflexive practitioner
- In a reflexive practice
- Innovation
- Responsiveness



Interpreters

- Training varies
- Gender / Country
- Ensure
 - Everything is translated (hard work)
 - Use interpreter's cultural knowledge
- Traps
 - Family members, child
 - Lack of expertise - cleaner
 - Ethnic differences
 - Interpreters 'help'



Interpreters



Not just translating the words

Communication hints

- Have thoughts organised
- Use simple language, even pace
- Pause for translation
- Speak to the patient
- Single questions
- Make the instructions relevant to the patient's life
- Confirm that the patient understands

Billing



- **Health assessment**

- 703/705/707 – Notes A32
- humanitarian entrants
- resident in Australia
- with access to Medicare services

Must

With consent

Full history, Examination, Investigation and Management Plan

Give Health Assessment to the patient

Billing



- GPMP -721
- TCA - 723
- Reviews – 732

- Mental Health Plan / review / consultation

Practice administration

- Access to appointments
- Urgency for treatment
- Usual details
- Settlement agency / Case-worker
- Language/s
- Visa – card / number
- Medicare No. (colour)
- HCC



ADMINISTRATION PRACTICES IN REFUGEE HEALTH

SYSTEMS FOR ADMIN AND RECEPTION HELPING REFUGEE CLIENTS

Clare Brotherson
MPH, BComms/BA
Administration Officer – Mater Refugee Health



HOW TO BOOK A PHONE INTERPRETER



- **Call TIS using the Doctors' Priority Line: 1300 131 450**
- **Use GP Client Code to book**
- **Keep the codes in an easy to access location on the front desk and nursing stations**
- **Telephone interpreters are immediate, or can be pre-booked in advance using the online form**
- **Record the booking reference number of the session in patient file: it protects your clinicians, interpreter, admin, and patient if issues emerge**

ONSITE INTERPRETERS



- **Onsite interpreters are free for GPs with a valid client code through TISonline – an automated online tool to manage interpreter bookings**
- **Book interpreter with as much notice as possible**
- **Minimum booking 90 minutes**
- **Especially helpful for larger families for a Refugee Health Assessment**
- **PRACTICE MANAGERS can set up TISonline for GPs as part of induction**
- **Consider generic passwords and logins for universal access by admin and nursing team**

ISSUES TO CONSIDER

- Preferred language
- Ethnicity
- Gender
- Accreditation



Australian Government
Department of Immigration
and Border Protection



TRANSLATING
AND
INTERPRETING
SERVICE

When you need an interpreter, phone 131 450



Arabic
عندما تحتاجون إلى مترجم، اتصلوا على الرقم 131 450

Hazaragi
وختیکه شموده یگو ترجمون نیازدرین ده شماره 131 450 زنگ زده شونه

Chinese (Simplified)
当您需要传译员时，请拨打电话 131 450

Italian
Quando hai bisogno di un interprete, telefona al 131 450

Dari
وقتی به ترجمان ضرورت دارید، به 131 450 تیلون کنید

Japanese
通訳が必要な場合は、131 450 に電話してください

Farsi (Persian)
در هر زمان به یک مترجم همزمان نیاز دارید، با شماره 131 450 تماس بگیرید

Karen
ဖုန်းနံပါတ် 131 450 နှင့် ဆက်သွယ်ပါ။

Greek
Όταν χρειάζεστε διερμηνέα, καλέστε το 131 450

Korean
통역사가 필요하시면 131 450 번으로 전화하세요

www.tisnational.gov.au

24 HOURS A DAY, EVERY DAY OF THE YEAR



CASE STUDY

“The family have missed a follow up appointment for their catch-up immunisations. Are there any tips for administration staff in preventing this from happening?”

Questions to ask:

- **Have we used all appropriate resources available?**
- **Can we do better as a health service to help patients attend appointments?**
- **Are your recall and appointment reminders systems only available to English speakers?**
- **Have we considered other commitments which might hinder their attendance? Did we ask?**

DNA – TOOLS TO IMPROVE

Appointment Reminder Translation Tool

(NSW Refugee Health Service)

- Google: “*Refugee Health Appointment Tool*”
- Print and mail alongside the recall notification
- Keep hard copies on front desk
- Use an interpreter and ring the patient
 - Especially important for those who cannot read or write
- Follow-up a recall text with a phone call
- Consider what other commitments people have
 - Book outside of school hours

 Women's Health Appointment card		عيادة صحة النساء بطاقة المواعيد
Clare	الإسم Name:	
Dr Torn	المواعيد مع Appointment with:	
1 Happy Street		
09/05/2017	تم ترتيبه لك في التاريخ التالي Has been arranged for you on the following date:	
10:00am	عند الساعة At the following time:	
Yes	لقد تم ترتيب حضور مترجم؟ An interpreter has been organised?	
يرجى إحضار معك: Please bring with you:		
<ul style="list-style-type: none"> • أي سجلات طبية والتقارير لديك any medical records and reports you have • قائمة بأسماء الأدوية التي تتناولها والأدوية التي أنت حساسية لها a list of medications you are taking and medications you are allergic to • بطاقة المدينكور (Medicare) وبطاقة الرعاية الصحية الخاصة بك إن كان لديك واحد your Medicare and Health Care card, if you have one • أي نموذج من استمارات الإحالة أو الرسائل المعطاة لك من قبل الطبيب أو خدمة أخرى any referral forms or letters given to you by a doctor or another service 		
يمكننا توفير رسالة للدراسة أو العمل أو فصل اللغة الانكليزية إننا نلزم الأمر. We can provide a letter for school, work or English class if required.		
إذا لم تتمكن من الحضور نرجو منك الاتصال على الرقم If you are unable to attend please telephone:		
إننا نأتم بمساعدة في إجراء مكالمات هاتفية باللغة الإنكليزية يمكن الاتصال بخدمة الترجمة الخطية واللغوية (Translating and Interpreting Service – TIS) على 13 14 50. If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 13 14 50.		

ADMIN BEST PRACTICE

- **Booking appointments**
 - Book longer appointments
 - Confirm via an interpreter two days beforehand
 - Ask them to bring all information relevant to their health, plus Immi., Medicare and Health Care Cards
 - For first appointments allow 15 minutes to complete registration
- **Be organised and proactive**
 - Plan ahead!
 - Book your interpreters ahead of time
 - Scan all documentation in before the appointment
 - Assist in obtaining past medical history from other practices with an interpreter

ADMIN BEST PRACTICE

- **Check Details**

- People move: always check the address and phone numbers
- Be aware of changes to Medicare eligibility in the asylum seeker population
- Inform the patient so they can speak to Medicare before appointment
- Let the GP know! It might mean a change in strategy for ongoing care
- Medicare does not back pay for items claimed during 'ineligible periods,' including pathology or radiology
- Large medical fees can put this vulnerable community under further financial stress



ADMIN BEST PRACTICE

- **Smile – the first impression matters**
- **Don't yell – not being fluent in English does not result in deafness**
- **Keep the kids entertained with CALD friendly toys and activities. e.g colouring in sheets**
- **Remind people to bring food if it will be a long session with many family members**

RESOURCES

- Engage with CALD clients with translated resources
- www.refugeehealthnetworkqld.org.au



Will you recognise your heart attack? (Action Plan)

Heart Foundation

Do you feel any

20% pressure heaviness tightness

In one or more of your

chest back jaw arms back shoulders

You may also feel

nauseous a cold sweat dizzy short of breath

Yes

1 STOP and rest now

diabetes nsw

التخلص من الأدوات الحادة المجتمعية

ما تحتاج إلى معرفته



أين هي مرفق التخلص من الأدوات الحادة لمحتي؟

لتحديد موقع أقرب مرفق للتخلص من الأدوات الحادة المجتمعية أو للحصول على مزيد من المعلومات، يرجى زيارة:



www.safesharps.org.au

على الموقع الإلكتروني Safe Sharps (الأدوات الحادة الآمنة) يمكنك البحث عن أقرب مواقع التخلص الآمن من الأدوات الحادة، والحصول على التوجيهات إلى المرفق ومراجعات العمل.

Qadada dugsiga ee caafimaadka leh

Maalin kasta waxaan u baahannahay in aan cuno cunnooyin ka yimaada mid kastoo ka mid ah kooxdaan.



Dooro cunnooyin kala duwan mid kastoo ka mid ah kooxdaan si looga yeelo qadooyinka kuwo xiiso leh.

Ku dar rostiga iyo xababka tamar darteed.

Cunnooyinkaasay waaqaga caafiyaan maan wax bartaan iyo inaan cayaarin.



Ku dar barsoolinka

marayga caafimaad qeys iyo lafawaa bane darteed. Cunnooyinka barsoolinka laga helo waxaa ka jira biibka, miraha (jarda, bewol, ukarta, digiro, berriis, igood digiro ka mid ah) iyo wanaalaha caafiska laga samayso sida fannaajada, caafiska iyo ciita (qaybta).



Ku dar khudaarta iyo cagaarka filinimada, macdanta iyo dufta dartood -

Cunnooyinkaasay waaqaga caafiyaan in maqool fiican iyo xiiso fiican yeelan.



BE REFUGEE READY

“All refugees settling in Queensland have access to the right care, at the right time and the right place to ensure they have the best possible health and wellbeing.”



C. Brotherson - Mater Refugee Health - May 2017

Practice Checklist

Is your practice refugee health ready?

The following table aims to provide a quick-reference guide to General Practices considering or currently providing health care services to people from a refugee background. It is not an exhaustive list, but aims to serve as a tool to support health care for this vulnerable group and the development of appropriate primary care services. It will support the Practice in meeting the [RACGP Standards for General Practice](#) including 2.1.1 *Respectful and culturally appropriate care* and 1.2.3 *Interpreter and other communication services*.

Best Practice	Description	✓
Family friendly, spacious and multicultural waiting room.	Large and extended families are common. Practices could source multicultural posters.	
Capacity to make appointments and to offer long consultations.	Refugees may present with complex issues requiring additional time to address. Use of interpreter may lengthen consultations.	
Staff that are culturally sensitive.	Practice staff are aware of how the refugee experience, cultural and religious issues can impact on health care www.refugeehealthnetworkqld.org.au/cultural-sensitivity	
Practice software that captures language, ethnicity, country of birth and need for interpreter.	Develop practice protocols for capturing this information. The country the patient has travelled from may not be their country of birth. A patient's ethnicity may not be that of their country of origin or their country of birth.	
Patients receive continuity of health care provider and coordinated care within the Practice.	Try to make appointments with the same health practitioner to build trust and avoid patient having to re-tell stories.	
A Practice Nurse.	Nurse has multiple roles including coordinating care and follow up immunisations.	
Protected time for Practice Nurse for Refugee Health Assessments.	Essential for Practice Nurse involvement in the Refugee Health Assessments www.racgp.org.au/download/Documents/PracticeSupport/apna-racgp-quality-health-assessment-info-sheet.pdf	
Patients encouraged to come early for first appointment.	Completion of Practice registration forms may take more time. Consider booking interpreters 15 minutes early to assist. Ensure patient knows to come early.	
Effective appointment reminder system that considers language differences.	Letters and voice phone messages can be confusing for patients with limited or no English. Using TIS to call the patient or sending text message can be more effective. Consider using the online Appointment Translation Reminder Tool www.swsld.nsw.gov.au/refugee/appointment	
Awareness of strategies to reduce non-attendance.	At times patients may miss appointments due to lack of understanding of appointment reminders or conflicting commitments. Practices need to have policies to actively confirm patient appointments.	

Administration

Download the entire Resource Manual for Practice Administration working with patients of refugee backgrounds [here](#). We recommend you subscribe to our [E-Newsletter](#), so you can keep up to date with updates to this Resource

Helpful Links For Health Administrators

- [Tips for General Practice Administration](#) (working with Patients from Refugee Backgrounds)
- [Translated Appointment Reminder Tool](#) produced by NSW Refugee Health Service
- [Managing the Refugee Patient](#) Dr Margaret Kay 2015
- [Refugee Health Ready Practice Checklist](#) - A quick reference guide for General Practices
- [Booking and Using Interpreters](#) - Doctors Priority Line - Department of Social Services
- [South East Queensland Refugee Health Contact List \(2016\)](#)
- [Refugee Health Network Queensland \(RHQ\) \(Lingual Resources for Patients\) YouTube channel](#) - playlists of health literacy information



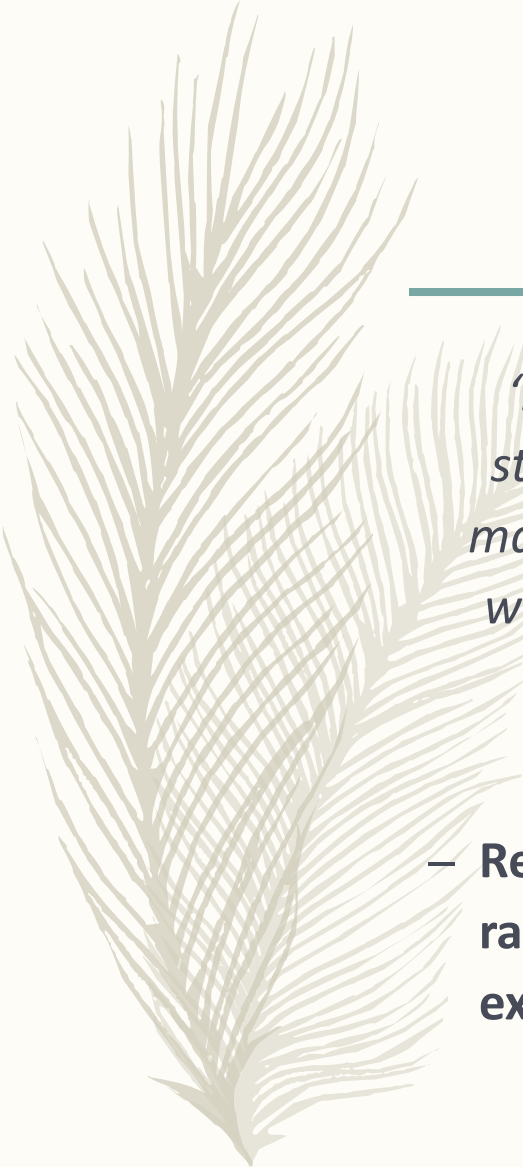
REFUGEE HEALTH READY PRACTICE CHECKLIST - A QUICK REFERENCE GUIDE FOR GENERAL PRACTICES



Community Perspective

Zaynal Hawa, Health Development Consultant,
Brisbane Refugee Health Advisory Group (G11)

- *What are the barriers and challenges for this family in attending health assessments?*
- *What can clinicians do to encourage meaningful engagement and trust?*
- *How can clinicians explain the process of assessment and multiple referrals?*



'I trusted my GP so much because, he treated me nicely starting with few jokes as conversation starter which has made me to forget that I was sick and I felt more confident with my poor English, he listened to me carefully by using simple English when he asked me how I felt'

(Burundian community member)

- **Recommendation: Establish good relationships and rapport by treating patients with dignity and respect and explaining things carefully.**



Settlement Service

Rose MacAuslane, Humanitarian Settlement
Services Team Leader, MDA

What is your role in supporting this newly arrived refugee family?

What isn't your role?

What are other services delivered by settlement services to assist in the refugee settlement journey?





QPASTT

Fernanda Torresi, Manager -Community Relationships & Capacity Building, QPASTT

How can QPASTT assist this new family and who can refer to you?

How do you raise issues relating to torture and trauma – when is it appropriate and what do you do to support a trusting relationship?

QPASTT

- QPASTT was established in 1995 to provide a community-based response to the needs of people from refugee background in Queensland
- The service was developed in consultation with key communities and is part of the National Forum of Services for Survivors of Torture and Trauma (eight services nationally)
- It is a state-wide specialised service which aims to provide a range of flexible and culturally sensitive services to people who have been tortured, or who have suffered refugee related trauma, prior to migrating to Australia
- QPASTT main office is in Brisbane. We also service Toowoomba, Gatton, Logan, Gold Coast, Inala, Goodna, Ipswich, Townsville, Rockhampton.
- More information about QPASTT and it's various services see www.qpastt.org.au



QPASTT

- QPASTT provided services to just under 2000 clients from 70 different countries in 15/16 and provided services in 60 different languages.

Services include:

- Individual counselling and support for adults, youth (high school to 24 years) & children (5-12 years), from refugee backgrounds including asylum seekers
- Group work
- Youth (homework club, school holiday activities, youth support workers at schools)
- Family relationship and parenting support
- Community Development & Capacity Building
- Training and Education





How do you raise issues relating to torture and trauma – when is it appropriate?

- Torture and trauma are very strong words and not very inviting.

There are different ways to introduce this support. Some examples are:

- “Settling in Australia can be a positive experience but also can be very challenging due to many differences and adjustments that need to happen. Therefore, sometimes people feel upset, cry, get angry, worry without knowing why.
- Families dynamics can sometimes change in Australia eg. children pick up English a lot faster than parents and it can feel like your children know a lot more than do. This can be difficult.
- You mentioned you can’t sleep at night and that you have bad dreams. You also said that you worry a lot and you can’t stop thinking. This is quite common when settling in a new country.

These are all issues that we commonly see when people come to a new country and there are various support that you can access to help you feel better. If you would like I can tell you more about them or I can connect you with an organisation that can support you and your family with these challenges.”



What do you do to support a trusting relationship?

- Be genuinely interested
- If possible, do not ask them “how can I help you?” but let them know how you can help them
- Ask them questions to explore their issues
- Explain the steps that you are taking to support them look after their health
- Be consistent
- Come to the evening session on Mental Health that we will be running in closer to the end of the year to explore this further 😊



Summary



- Refugee Health is rewarding
- Suboptimal care is common
- Hear the story
- Remember the diversity
- Work as a team
- Build trust
- Be culturally sensitive
- Be reflexive
- Be aware of compassion fatigue

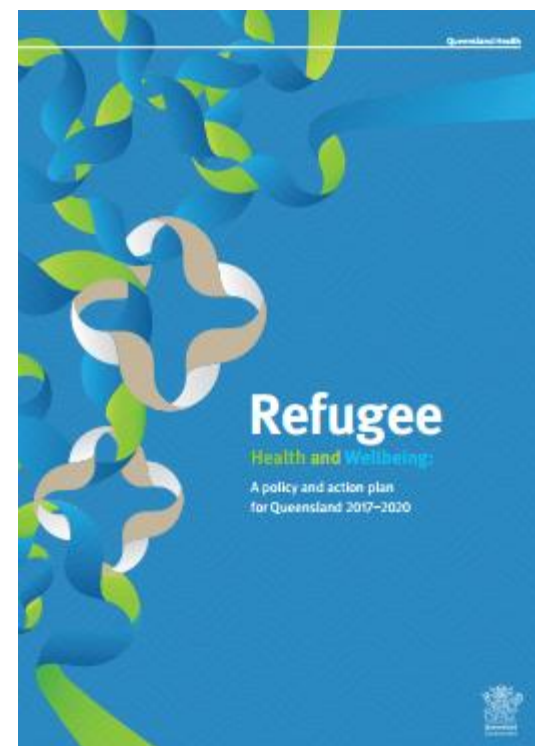
Refugee Health and Wellbeing Policy and Action Plan

&

Refugee Health Network Qld



REFUGEE HEALTH
NETWORK QUEENSLAND





For more information and access to resources, visit:
www.refugeehealthnetworkqld.org.au

Please subscribe to our [e-newsletter](#) to receive
updates on resources

Contact the Refugee Health Network Qld:

Info@refugeehealthnetworkqld.org.au

Ph. 07 3163 2958

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